

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09 589 338	FILING DATE 6-7-00				
						APPLICANT(S)					
						CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51					
2	1					52					
3	1					53					
4	1					54					
5	1					55					
6	1					56					
7	1					57					
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41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	2					TOTAL IND.					
TOTAL DEP.	18	↓	↓	↓	↓	TOTAL DEP.					
TOTAL CLAIMS	20	████████	████████	████████	████████	TOTAL CLAIMS	████████	████████	████████	████████	████████